



*State of New Jersey*

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***NJDHSS Communicable Disease Service Weekly  
Statewide Influenza Activity Summary***

**Week Ending September 30, 2005**

**Influenza level of activity: "NO ACTIVITY"**

Influenza testing is performed in New Jersey by:

- ◆ The Public Health and Environmental Laboratories (PHEL)\*
- ◆ The WHO and NREVSS (National Respiratory and Enteric Virus Surveillance System)\* Laboratories from September 20, 2005 to present:
  - Number of influenza A culture confirmed cases: None
  - Number of influenza B culture confirmed cases: None

This is the second week of the 2005-06 influenza season in New Jersey. The NJDHSS Communicable Disease Service has not been notified of any influenza outbreak or increased activity in any of the health care facilities, nursing homes and schools throughout the state. The two laboratories mentioned above did not report any influenza culture testing positive.

Rates of influenza-like illness (ILI) from nursing homes and emergency department visits are 0.97% and 4.54% respectively while the rate for schools absenteeism is 3.32%.

Hospital laboratory surveillance for respiratory syncytial virus (often clinically indistinguishable from influenza virus infection) showed only a few positives. This influenza season, we have added the monthly RSV summary to the weekly report, and the summary will be updated the last week of every month, to better reflect the monthly trends throughout the season.

A few of the county percentage parameters showed figures well above the total average (see 27Sep05 Pdf Table) but should not be interpreted as an increased level of activity since the denominator of reporting entities is very small.

Based on the data collected from the entire ILI surveillance system, the level of influenza activity in the state of New Jersey is at "NO ACTIVITY" level this week. This level of activity is comparable with the same period last season.

The Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee has recommended that the 2005-06 trivalent influenza vaccine (TIV) for the United States contain:

- A/New Caledonia/20/99-like (H1N1),
- A/California/7/2004-like (H3N2), and
- B/Shanghai/361/2002-like viruses.

This recommendation was based on antigenic analyses of recently isolated influenza viruses, epidemiological data, and post-vaccination serologic studies in humans. Also as a result of the uncertainties regarding production of influenza vaccine, the exact number of available doses and timing of vaccine distribution for the 2005--06 influenza season remains unknown.

Based on CDC's September 2, 2005 MMWR, only the following priority groups are recommended to receive TIV between now and October 24, 2005:

- Persons aged  $\geq 65$  years with co morbid conditions
- Residents of long-term--care facilities
- Persons aged 2--64 years with comorbid conditions
- Persons aged  $\geq 65$  years without comorbid conditions
- Children aged 6--23 months
- Pregnant women
- Health-care personnel who provide direct patient care  
**(EMS staff are included this category, police and fire staff are not)**
- Household contacts and out-of-home caregivers of children aged  $< 6$  months.

After October 24, persons not listed in the above priority groups may be vaccinated.

The DHSS website listing the local health department clinics is now operational available at <http://www.nj.gov/health/flu/>. The public can get information on where flu shots are being given from the website.

Influenza virus infection itself is not a clinical or laboratory reportable disease in New Jersey according to N.J.A.C. 8:57. Accordingly, activity levels must be extrapolated from weekly monitoring activities of healthcare facilities and providers dispersed around the state.

NJDHSS continues to make progress in making sure that vaccine will be available for this season to individuals in the state in accordance with the CDC guidelines.

\*The laboratories conduct testing of pre-season isolates and the first isolates of the season. These isolates can provide information regarding circulating strains and information necessary for the vaccine formulation for the following year's flu season. Also test results from representative samples collected during peak influenza activity, late in the season, and after a major influenza outbreak, may identify new variants that

are just beginning to circulate in the community, helping to inform vaccine formulations for the following year.

**References and Resources:**

- <http://www.nj.gov/health/flu/preventflu.shtml>
- <http://www.cdc.gov/flu/>
- <http://www.who.int/csr/disease/influenza/en/>